



TO THE APPLICANT

This recommendation form should be given to a college professor, employer or someone who is familiar with your goals and abilities. It should not be filled out by an immediate family member. *Please note: If you are currently enrolled as a full-time college student, this form should be completed by a college professor.*

Applicant's name _____
(Please Print)

Address _____
Street City State Zip

Please designate which of the two options you prefer:

- I hereby waive the right to view this recommendation and understand that it will be held in confidence.
- I wish to retain my right to view this recommendation.

Signature _____ Date _____

TO THE INDIVIDUAL COMPLETING THIS FORM

It is our intent to learn as much as possible about the applicant through the application he or she has completed, previous academic work and this recommendation form. Any insight you can provide concerning this individual's potential for success in a college program will help the members of the Admission Committee in their evaluation. The space below is provided for your comments.

How would you evaluate the admission candidate in the following areas?

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	UNKNOWN
COMMUNICATION SKILLS (VERBAL/WRITTEN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL FOR GROWTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION & DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER & INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUMMARY EVALUATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name _____ Relationship to the applicant _____
(Please Print)

I have known the applicant _____ Profession or Occupation _____
(Length of Time)

Address _____
Street City State Zip

Signature _____ Date _____